



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

'07 JAN 16 A11 :41

L48
HBWS
EH

STATE OF HAWAII
STATE ETHICS COMMISSION
LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Lee	Patrick	K.I.	223-9670
MAILING ADDRESS (Street)			FAX
45-248A Pahikaua Place			247-2889
(City)	(State)	(Zip Code)	
Kaneohe	Hawaii	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SPJ Consulting, LLC			(same)
MAILING ADDRESS (Street)			FAX
(same)			
(City)	(State)	(Zip Code)	

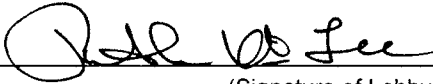
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Honolulu Board of Water Supply		748-5000
MAILING ADDRESS (Street)		FAX
630 S. Beretania Street		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96843
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Su Shin		748-5311
MAILING ADDRESS (Street)		FAX
630 S. Beretania St.		550-5588
(City)	(State)	(Zip Code)
Honolulu	HI	96843

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/9/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Su Shin

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Chief Communications Officer

NAME OF ORGANIZATION (if applicable)

Honolulu Board of Water Supply

TELEPHONE

748-5311

MAILING ADDRESS (Street)

630 S. Beretania St.

FAX

550-5588

(City)

Honolulu

(State)

HI

(Zip Code)

96843

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-9-07

(Date)